

REMINGTON COMMUNITY DEVELOPMENT DISTRICT
Recreation Center/Gate Entry Registration

NAME OF OWNER(S) / AUTHORIZED REPRESENTATIVE:

NAMES OF RENTERS USING THE FACILITIES:

ADDRESS _____

TELEPHONE _____

GATE ENTRY:

Number of Barcodes Desired (maximum of two) at \$10 each: _____

To be completed by District Office personnel:

Assigned Barcode(s): _____

RECREATION CENTER ENTRY:

Clubhouse Access Cards Desired (maximum of two) at \$10 each: _____

To be completed by District Office personnel:

Assigned Clubhouse Card Number(s): _____

GATE ENTRY: The barcodes for gate entry are limited to two (2) for Renters. Please mail a check or money order made out to the **Remington CDD**, to **219 East Livingston Street, Orlando, Florida 32801** back with this form. A copy of the rental agreement should also be provided with this completed form. THESE BARCODES MAY **NOT** BE PICKED UP AT THE OFFICE. Replacements will need to be purchased.

RECREATION CENTER ENTRY: Clubhouse cards are limited to two (2) per family and will be mailed to the new residents upon receipt of this signed form and your payment in our office. A check or money order must be made out to the **Remington CDD** and **mailed to 219 East Livingston Street, Orlando, Florida 32801** with this signed form. A copy of the rental agreement should also be provided with this completed form.

ACCEPTANCE:

I acknowledge the waiver as set forth on the attached page and agree to its terms. I have also read and agree to abide by the recreation center guidelines and pool guidelines.

Signature of Owner / Authorized Representative

Date

Signature of Adult Participant (Renter)

Date

**REMINGTON COMMUNITY DEVELOPMENT DISTRICT
WAIVER AND GUIDELINES**

RECREATION CENTER GUIDELINES:

- Fitness center equipment is reserved for adult use (over 18 years old)
- Recreation center hours:
Monday – Sunday, 6:00 a.m. to 10:00 p.m.

POOL GUIDELINES:

- Pool hours:
Monday – Sunday, dawn to dusk
- For a complete list of pool rules, please refer to the “Our Neighborhood’s Policies and Rules.”

WAIVER:

I understand that the Remington Community Development District assumes no responsibility for injuries or illness that I may sustain as a result of my physical condition or resulting from my participation in any activities, sports, use of exercise equipment, or other activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illness that may result from my participation in these activities. I hereby release and discharge the Remington Community Development District, its agents, servants, and employees from any claims for injury, illness, death, loss or damage that I may suffer as a result of my participation in these activities. I understand that Remington Community Development District is not responsible for personal property lost or stolen while participating at the Remington Recreation Center, pool and sports facilities.

Signature of Owner / Authorized Representative

Date

Signature of Adult Participant (Renter)

Date